TEST OF ESCALATOR SAFETY DEVICES

(This test shall be performed once a year)

| BUILDING NAME: | | | Conveyance # |
|---------------------------|---|----------------|--------------|
| ADDRESS AND CITY: | | | |
| This es | scalator serves level to | level in the _ | direction. |
| Year installed: | | | |
| | | | |
| 1. | Machine Room Light: Top I | Bottom | |
| 2. | Machine Room Cover Switches: To | | |
| 3. | Machine Room Stop Switches: To | | |
| 4. | Lockable Fused Disconnect or Circuit Breaker: | | |
| 5. | Reverse Phase Relay: | | |
| 6. | Broken Drive Chain Device: | | |
| 7. | Reversal Stop Device: | | |
| 8. | Speed Governor: | _ | |
| 9. | Speed Governor: Landing Plant Switches: Top Skirt Switches: Top | Bottom | |
| 10. | Skirt Switches. Top Lit i | VII DOUGHI | LII IXII |
| 11. | Upthrust Switches: Top LH I | RH Bottom | LH RH |
| 12. | Brake Lining Condition: | | |
| 13. | Stopped Handrail Device: LH | RH | |
| 14. | Missing Step Device: | | |
| 15. | Step Level Device: | | |
| 16. | Rolling Shutter Device: | | |
| 17. | Track Condition: | | |
| 18. | Tandem Operation Interlock Device: _ | | |
| 19. | Drive Chain Tension: | | |
| 20. | Handrail chain Tension: | | |
| 21. | Step Rollers: | | |
| 22. | Step Chain Tension: | | |
| 23. | Broken Step Chain Device: | | |
| 24. | Drain in bottom for Outside Escalators | : | |
| 25. | Demarcation Lights: | | |
| COMMENTS. | | | |
| COMMENTS: | | | |
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| | | | |
| Name of firm making test: | | | |
| Person in charge of test: | | | |
| Date of Test: | | | |

A COPY OF THIS TEST SHALL BE SENT TO: STATE OF WASHINGTON, DEPARTMENT OF LABOR & INDUSTRIES, ELEVATOR SECTION, PO BOX 44480, OLYMPIA, WASHINGTON, 98504-4480, (360) 902-6130, FAX (360) 902-6132.